## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P34637

J.		EVELOPA	MENT CORP.		4.00							
Principal Place of Business Mailing Address												
819 MANGROVE POINT ROAD 819 MANGROVE POINT ROAD SARASOTA FL 34242 SARASOTA FL 34242												
DANASUIA EL 34242									DO NOT WRITE IN THIS SPACE			
ĺ									3. Date Incorporated or Qualifed			
								07/03/1991				
2. Principal Place of Business 2a. Mailing Address						s		·	4. FEI Number		Applied Fo	ir ::
21 26									22-3111222		Not Applic	able
Suite, Apt. #, etc.					Suite, Apt. #, etc.				* Continue of Status Basined	\$8.7	5 Additiona	al
22				27					5. Certificate of Status Desired Fee Required			
	City & State				City & State				6. Election Campaign Financing S5.00 May Be			
23	3				·				Trust Fund Contribution Added to Fees			
Zi	ip qi	Country Zip				Co	untry		8. This corporation owes the current year Intangible			
24		25 29 30				30			Personal Property Tax.			
Name and Address of Current Registered Agent									10. Name and Address of New Regist	ered Agent	•	
	040	NED LEAK	IADD W				81	Name				
GARNER, LEONARD W							82	12 Street Address (P.O. Box Number is Not Acceptable)				
819 MANGROVE POINT ROAD							and the part of th					
SARASOTA FL 34242-1234												\$27 \$27
}							84	City			ip Code	37.54
							64	City		FL SS	ip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe								t signature require	ed when reinstating) ; DA	TE		ء
12.			OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICER			
TITLE		PDS			☐ DELE	TE 1.1 T	TLE		State of the	Chan	ge ∐`Ad	ldition
NAME		garner,	LEONARD W			1.2 N	AME					7
STREE	STREET ADDRESS 819 MANGROVE POINT ROAD					1.3 S	TREET	ADORESS				}
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NAME						4.21	AME					- 1
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TITLE					☐ DELE				1	☐ Chan	ge □ Ad	dition
NAME						5.2 N						}

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, of on ap attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ DELETE

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State** 

02-16-1999 90013 018 \*\*\*150.00

941-349-6191

Addition

Change